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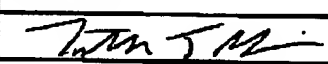
PTO/SB/21 (09-06)

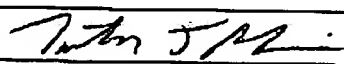
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/699963
	Filing Date	5 Nov 1999
	First Named Inventor	Masson
	Art Unit	3663
	Examiner Name	Tuan C. To
	Attorney Docket Number	MASSON-001-US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Maier & Maier		
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Printed name	Timothy J. Maier		
Date	December 1, 2006	Reg. No.	51,986

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Application Number	02/060223
Filing Date	5 Nov 1993
First Named Inventor	Angela Masson
Title	ELECTRONIC KIT BAG
Art Unit	3663
Examiner Name	Tuan C. To
Attorney Design Number	MASSON-001-US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner associated with the Customer Number:

62006

OR

☐ Practitioner(s) named below:

Name	Registration Number
Timothy J. Malar	61663

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Malar & Malar

Address

128 North Pitt Street, 2nd Floor

City

Alexandria

State

VA

Zip

22314

Country

USA

Telephone

1.703.740.8392

Email

Info@timemalar.com

I am that:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/28)

SIGNATURE of Applicant or Assignee of Record

Signature

Angela Masson

Date

12/01/2006

Name

Angela Masson

Telephone

Title and Company

PRES, AIRPLANET PRODUCTIONS, INC.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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